

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 04-003	2. STATE Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE June 2, 2004	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL <i>(Check One)</i>			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE REGULATION CITATION 1905(c) of the Act, CFR 418, SMM, Ch 4, Sect 4306 & 4307, P.L. 105-33		7. FEDERAL BUDGET IMPACT a. FFY 2005 \$ 0 b. FFY 2006 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3 1-A, Page 10 Attachment 3 1-A, Item 26 Attachment 3 1-B, Page 8b Attachment 4 19-B, Item 26		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> Attachment 3 1-A, Page 10 Attachment 3 1-A, Item 26 Attachment 3 1-B, Page 8b Attachment 4 19-B, Item 26	
10. SUBJECT OF AMENDMENT Personal Assistance Services			
11. GOVERNOR'S REVIEW <i>(Check One)</i>			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has waived review	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Margaret Booth HHS-F&S 301 Centennial Mall South Lincoln, Nebraska 68509	
13. TYPED NAME: Robert J. Seiffert			
14. TITLE: Administrator			
15. DATE SUBMITTED: June 30, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 30, 2004		18. DATE APPROVED: September 23, 2004	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 2, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/Thomas W. Lenz-signature/</i>	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for DMCH	
23. REMARKS:			

State/Territory: Nebraska

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

☒ Provided ☐ Not Provided

26. Personal assistance services are those services provided to a Medicaid client who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, institution for mental disease, or prison, which are authorized on a written service plan according to individual needs identified in a written assessment.

Personal assistance services are A) authorized by a Social Services Worker or designee, B) provided by qualified providers who are not legally responsible relatives, and C) are furnished inside the home, and outside the home with limitations.

☒ Provided: ☒ State Approved (Not Physician) Service Plan Allowed

☒ Services Outside the Home Also Allowed

☒ Limitations Described on Attachment

☐ Not provided.

TN No. MS-04-03

Supersedes

Approval Date 09/23/04

Effective Date 06/02/04

TN No. MS-01-02

ATTACHMENT 3.1-A
Item 26
Applies to Both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PERSONAL ASSISTANCE SERVICES

NMAP covers personal assistance services, which are a defined range of human assistance that enable persons with disabilities and chronic conditions of all ages to accomplish tasks that they would normally do for themselves if they did not have a disability; chosen and directed by the individual or designee.

NMAP generally limits personal assistance services to 40 hours per client per seven-day period, subject to utilization review. Medicaid Division approval must be obtained for services authorized in excess of 40 hours per week.

Personal assistance services may not be provided at a client's worksite except when the client is engaged in competitive integrated employment. Personal assistance services may only be provided at a client's worksite to the extent the authorized task might otherwise be needed in the home and community.

Personal assistance service may not be provided to individuals residing in residential facilities where personal assistance services are required under the licensing requirements.

Telehealth:

Personal assistance services are not covered when provided via telehealth technologies.

Transmittal # MS-04-03

Supersedes Approved 09/23/04 Effective 06/02/04

Transmittal # MS-01-02

State: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All groups

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

X Provided not provided

26. Personal assistance services are those services provided to a Medicaid client who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, institution for mental disease, or prison, which are authorized on a written service plan according to individual needs identified in a written assessment.

Personal assistance services are A) authorized by a Social Services Worker or designee, B) provided by qualified providers who are not legally responsible relatives, and C) are furnished inside the home, and outside the home with limitations.

X Provided: X State Approved (Not Physician) Service Plan Allowed
X Services Outside the Home Also Allowed *
X Limitations Described on Attachment
 Not Provided.

* Exception described on attachment.

TN NO. MS-04-03

Supersedes Approval Date 09/23/04

Effective Date 06/02/04

TN NO. MS-01-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

PERSONAL CARE AIDE SERVICES

For services provided on or after July 1, 1998, NMAP pays for personal care aide services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Personal Care Aide Fee Schedule.

The Department may adjust the fee schedule to:

1. Comply with changes in state or federal requirements;
2. Establish an initial allowable amount for a new procedure; or
3. Adjust the allowable amount when the Medicaid Division determines that the current allowable amount is not appropriate.

Personal Assistance Services will be reimbursed at rates established and published by Nebraska Health and Human Services. Rates are based on experience or training of the Personal Assistance provider.

For purpose of establishing the provider payment rate, NMAP considers a provider of personal assistance services to be "specialized" when the provider meets one of the following criteria and presents a copy of the certificate or license to the worker. The provider must:

1. Have successfully completed the American Red Cross Home-Bound Care Course or a basic aide training course that has been approved by the Nebraska Health and Human Services System;
2. Have passed the Nurse Aide Equivalency test;
3. Be a licensed R.N. or L.P.N; or
4. Have a total of 4160 hours of experience as a personal assistance service provider.

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